

Application Number: _____

APPLICATION REQUEST FOR AMENDMENT TO THE ZONING ORDINANCE OF RIVERSIDE, IOWA

• •	company completed application when st is made.
Applicant:	Date:
Address:	
	Email:
Reason for request:	
The following change to the Zoning Ordinand	ce is requested:
Current Zoning: to	Requested Zoning:
These items must accompany this application Planning and Zoning Commission or City	_
property.	pperty requesting the zoning change. uesting the zoning change. equesting the zoning change. rout, dimensions, and intended use of the ses of all the property owners within 200 feet
I certify that the above information given on t of the Riverside zoning Ordinance, is true an	his application and that required by Chapter 5.20 d accurate to the best of my knowledge.
Applicant's signature and date	Fee paid:

Date Application was received:
Date Request reviewed by City Engineer:
Date Request sent to City Council:
Date City Council referred to Planning and Zoning Commission:
Date Planning and Zoning reviewed request:
(Attach copy of P & Z Minutes)
Date Public Hearing Notice was Given:
(Attach copy of Public Notice)
Date Public Hearing was Held:
Final City Council Action Taken:
(Attach copy of Council Minutes)
Signed:
City Administration: